

**STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
COMPLAINT FORM**

Complaints may also be filed online at: <https://ibplicense.iowa.gov>. Click on "General Public", then on "File a Complaint".

Please reply to: <b>Iowa Department of Public Health Bureau of Professional Licensure Lucas State Office Building Des Moines, IA 50319-0075</b>		<b>Complaint #</b>
<b>Please Print or Type      PERSON REGISTERING COMPLAINT      Provide all information</b>		
Name:		Home Phone:
Address:		
City:	State:	Business Phone:
E-mail		Zip Code
<b>COMPLAINT REGISTERED AGAINST</b>		
Name:		Home Phone:
Address:		Business Phone:
City:	State:	Zip Code
<b>DETAILS OF COMPLAINT</b>		
1. Have you complained to the licensee? Yes      No  When: How:      Telephone      Letter Other (please specify)   2. Did Licensee respond? Yes      No Action taken:		3. Have you complained to any other organization? Yes      No  Whom: When: How:      Telephone      Letter Other (please specify)   4. Did they respond? Yes      No Action taken:

5. Briefly state your complaint.

(Use reverse side if necessary)

Would you be willing to testify in an administrative hearing regarding this matter? Yes (    ) No (    )

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH COPIES OF RELATED DOCUMENTS. DO NOT SEND ORIGINALS**